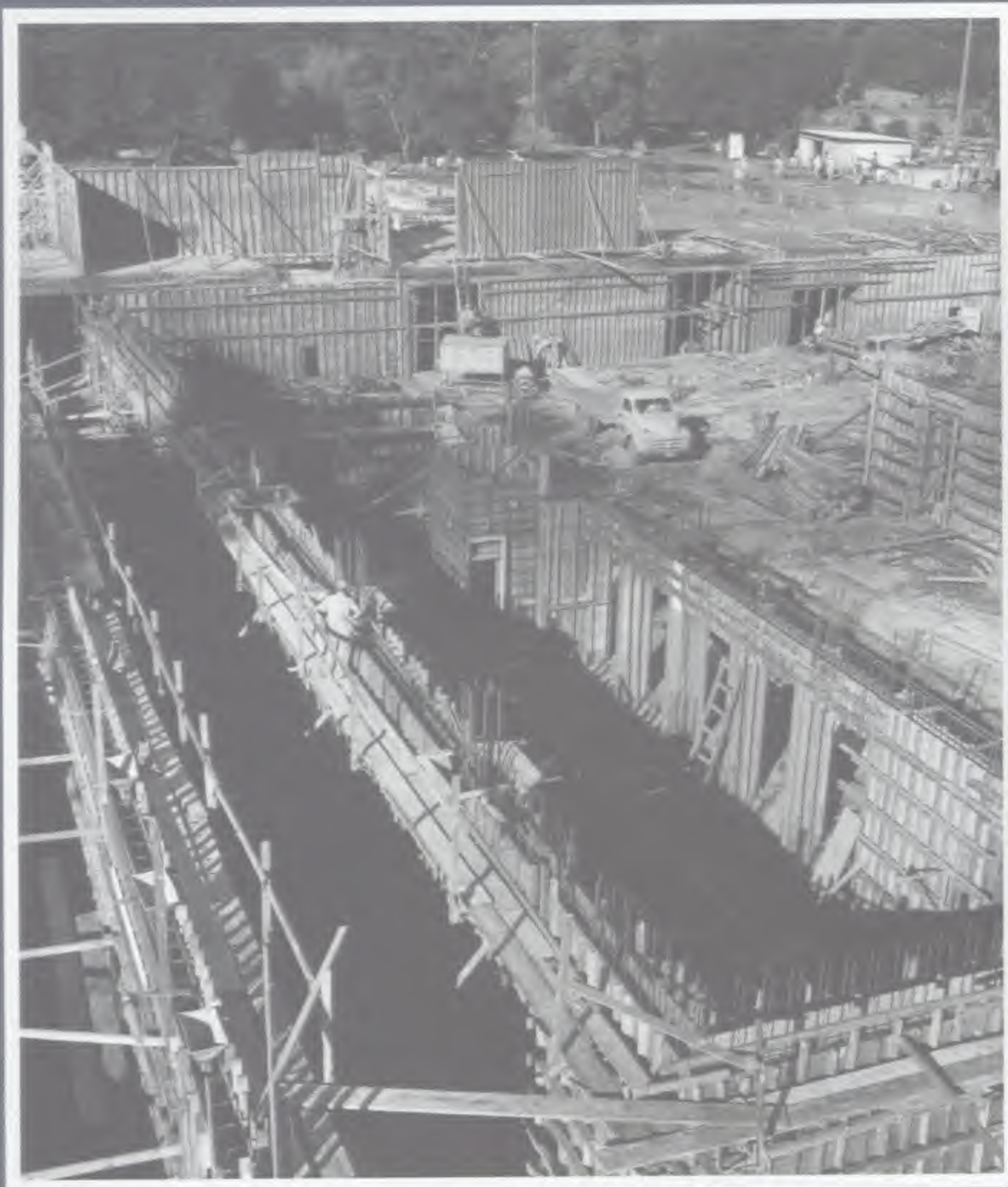


Sandstone & Tile

FALL 2008 STANFORD HISTORICAL SOCIETY VOLUME 32, NUMBER 3



“A Little Versailles for the Sick” ■ *Recollections of Henry S. Kaplan*



A LOOK BACK AT THE STANFORD MEDICAL CENTER

A century ago, in 1908, Stanford University acquired Cooper Medical College in San Francisco and established its Department of Medicine. In 2009, Stanford celebrates the fiftieth anniversary of the move of its hospital and medical school to the Stanford campus. This issue of *Sandstone & Tile* provides two insightful looks at the construction of the campus complex and the reinvention of the Stanford Medical School in 1959. The first, by University Archaeologist Laura Jones, evaluates the success of the complex's design. The second—an interview that Spyros Andreopoulos, director emeritus of the Medical School's Office of Communications and Public Affairs, conducted in 1984 with Henry S. Kaplan, former chairman of the Radiology Department—offers a personal glimpse into the process of planning and executing the move and transforming the Stanford School of Medicine into a world-class institution.

IN THIS ISSUE

"A Little Versailles for the Sick": Edward Durrell Stone and the Stanford Medical Center.....	3
Reinventing the Stanford Medical School: A Conversation with Henry S. Kaplan	13
Stanford through the Century	22
From the Archives	24
SHS News	26
SHS Membership Roster	27
SHS 2007–08 Financial Summary	31
Upcoming Society Activities	32

Above: The Palo Alto–Stanford Hospital and Medical School under construction in the late 1950s.

LANE MEDICAL ARCHIVES

Cover: Textured concrete surfaces adorn the exterior of the complex, which opened in 1959.

LANE MEDICAL ARCHIVES

“A Little Versailles for the Sick”

Edward Durrell Stone and the Stanford Medical Center

LAURA JONES

Stanford University and the city of Palo Alto are planning a major renewal program for the Stanford University Medical Center, driven in part by California's 1994 Hospital Facilities Seismic Safety Act (SB 1953), which requires hospitals to meet stringent earthquake safety requirements or close their doors to patient care. The heart of the medical center is the 800,000-square-foot complex constructed as a state-of-the-art facility in 1959 and commonly known by the name of the architect, Edward Durrell Stone. Since these buildings do not meet SB 1953's earthquake safety requirements, the university proposes to demolish and replace them with a new hospital, clinic complex, and medical school constructed on the same site. This proposal has drawn attention from some historical preservationists, who believe that the buildings are significant examples of modern architecture. Other historians and architects have noted that the buildings cannot meet the needs of a modern hospital.

Are the Stone Buildings architectural jewels? This article tests their present state against the architect's vision on their completion in 1959 and considers whether they deserve preservation.

Edward Durrell Stone, who was hired in 1956 as architect of the Palo Alto–Stanford Hospital and Medical School, used textural concrete screens as a design feature to echo the rustic sandstone blocks of the Main Quad.

LANE MEDICAL ARCHIVES



PALO ALTO AND STANFORD: A CENTURY-OLD HOSPITAL PARTNERSHIP

In 1900, Palo Alto had no public medical facilities and only a handful of private physicians, who operated out of their homes.¹ After an outbreak of typhoid fever in 1903, the Stanford Students' Guild established a 20-bed private hospital to serve the health needs of students and local residents.² By 1910, a second, 40-bed private facility, Peninsula Hospital, was constructed on the corner of Embarcadero Road and Cowper Street.



E. D. Stone (right), Robert H. Alway, M.D., dean of the School of Medicine (center), and W. P. Fuller Jr., then chairman of the Stanford Board of Trustees, surveyed Stone's architectural model of the complex.

Beginning in 1915, the Stanford Students' Guild also operated its own isolation hospital on Alpine Road, since in an epidemic patients could not legally be transported across the town boundary to Peninsula Hospital. During the 1918 influenza epidemic—which resulted in the deaths of six Stanford students—the guild's isolation hospital, with its separate ward for women on the main campus, treated 145 influenza patients, more than the 93 treated by Peninsula Hospital.³

In 1921, when Stanford and Palo Alto moved to merge their medical facilities, the Students' Guild hospitals were sold. Palo Alto bought the Peninsula Hospital building and entered into a joint operation agreement with Stanford; Peninsula Hospital was renamed Palo Alto Hospital and expanded to 48 beds. By the end of the 1920s, however, it was clear that a new, larger hospital building was needed to serve the community.

In 1928, Palo Alto leased a 10-acre site on El Camino Real from Stanford for a new hospital. The location was chosen for its proximity to both downtown Palo Alto and the Stanford Convalescent Home for Children.⁴ The city selected an Oakland architecture firm, Reed and Corlett, to design a modern, five-story hospital and raised \$480,000 for its construction from a combination of gifts and municipal bonds.⁵ In 1939, a new wing added to the

Palo Alto hospital doubled the number of patient beds, to 160. This hospital still stands, as the Hoover Pavilion.

THE MOVE TO HIGH-RISE HOSPITALS

Reed and Corlett had recently completed a high-rise medical facility, Peralta Hospital in Oakland, and the firm's new 80-bed Palo Alto Hospital opened in 1931 and was operated by Stanford under an agreement with the city. These hospitals reflected a national trend toward high-rise hospital construction.

After the turn of the last century, architects had begun to experiment with new vertical forms, essentially stacking pavilion-style hospital wards on top of service floors. Eventually, vertically integrated plumbing systems allowed sinks and toilets to be in patient rooms rather than at the ends of the wards. Circular wards and diagonal cross-plan blocks emerged to maximize land-use efficiency without sacrificing popular features such as fresh air, sunshine, and garden settings.⁶ High-rise hospitals, which emerged as symbols of civic pride and economic vitality in the United States, began to resemble hotels—competing for patients by offering a range of room types and costs as well as high staffing ratios, and being homelike rather than institutional.⁷

While economy and efficiency drove the move toward taller structures, civic pride and competition led to highly ornamental architectural treatments, particularly on exteriors. The Beaux-Arts style was popular before World War I, and art deco treatments emerged in the 1920s and '30s. Some favored features, however, were centuries old. Landscaped courtyards and grand entry plazas were popular from the Renaissance palace-style hospitals, and verandas, sunrooms, and solariums derived from Victorian pavilions.

POSTWAR, A MUCH GRANDER EXPANSION

After World War II, however, the rapid expansion of the local population necessitated another expansion. In 1947, Dr. Russell Lee—a prominent local physician, cofounder of the Palo Alto Medical Clinic and one of the driving forces behind the 1931 hospital project—proposed a plan to triple the hospital's size, to 500 to 600 beds.

Stanford's president, Donald Tresidder, an alumnus of the Stanford Medical School, rejected the proposal, on the grounds that the expansion did not serve the interests of the university.⁸ Historically, medical school students had divided their classes between the main campus and the former Cooper Medical College in San Francisco. Tresidder supported, instead, a plan to move the medical school from San Francisco and consolidate its facilities on the main campus. Stanford trustees discussed this plan several times in the late 1940s, but the medical faculty, many of whom had private practices in San Francisco, resisted the move.⁹ Instead, plans were made to expand the school in San Francisco, but these stalled after Tresidder's unexpected death in 1948 and an unsuccessful fundraising campaign for new facilities.

In the early 1950s, Stanford President J. E. Wallace Sterling and the Board of Trustees revived Tresidder's original concept and announced a decision to establish a medical school on the Stanford campus. Palo Alto had raised \$4 million for a hospital expansion, and a deal was struck in 1955 for a combined Stanford Medical School, Stanford teaching hospital, and Palo Alto hospital project on a 56-acre site near the center of campus. A hospital governing board led by William Hewlett consisted of representatives of the medical school as well as local physicians. A complex set of business and building

arrangements was negotiated, and architect Edward Durrell Stone was hired in 1956 to begin designing the new Palo Alto–Stanford Hospital and Stanford Medical School.

At the time, Stone (1902–1978) was an internationally known architect whose portfolio included the United States Embassy in New Delhi, India (1954), the Stone Town House in Manhattan (1956), and the U.S. Pavilion for the 1958 Brussels World's Fair. In the 1950s and '60s, he was a celebrity architect whose style had evolved from clean, simple International-style buildings in the 1930s and '40s to a lush, ornamental formalism.¹⁰ His projects were promoted by a highly successful public relations department, and he was profiled in *Time*, *The New Yorker*, and other popular publications.¹¹

By 1956, when Stone received the Stanford commission, he had designed more than two dozen medical facilities, including more than a dozen hospitals. Some, like the Central Hospital in Lima, Peru (1950),

were classic examples of high-rise post-World War II construction. His initial proposal for the Palo Alto–Stanford project was a complex of buildings surrounding a high-rise hospital. By the standards of the period, the podium-and-nursing-tower arrangement was a megahospital. The first phase featured 475 beds (with a plan to expand to 1,000) in separate

In the 1950s and '60s Stone was a celebrity architect who had designed more than a dozen hospitals

patient hospitals for Stanford and Palo Alto, along with shared laboratory and operating rooms and teaching and research facilities for the medical school.

Stone, however, appeared on the scene as a “horizontal scheme” was gaining favor. In a 1946 report commissioned by President Tresidder, Lewis Mumford—the influential architectural critic, urban planner, and one-time Stanford professor—favored a low-rise plan.¹² In 1955, hospital consultants Isadore and Zachary Rosenfield–Rex Whitaker Allen produced a study for a horizontal scheme, linking the Palo Alto and Stanford sections in a shared lobby, with the city-limit line running

Stone's publicity for the project evoked images of the Taj Mahal, Versailles, and Mayan palaces rendered in modern materials and luxurious interior finishes

through the common space. The final decision for a three-story, 38-foot-tall horizontal complex seems to have come from Stanford, which was paying for nearly 65 percent of the \$22-million project.

A 1959 letter from John Hill, manager of Stone's Palo Alto office, to the editor of *Architectural Forum* summarized the decision-making process from Stone's point of view:

The planning office gave him [E. D. Stone] the Mumford critique, which we all read, disagreeing with only one part. Mumford felt that all...future needs could be taken care of with a system of two-storey buildings. In practice, this is too extravagant, burning up space like mad, and for a medical center, unworkable—too horizontal...Mr. Stone became infatuated with the quadrangle, the Mumford critique was useful, surveys had been made by experts showing the plausibility of a "horizontal" hospital...The balance of the faculty objected to the close proximity of a teaching hospital, a city hospital and an outpatient clinic...It was in this situation that the medical center was designed.¹³

Early records show that the site and massing for the project shifted several times before the complex took its final shape and the challenge of linking two clients across a city-limit line could be resolved. Ultimately, Stone's design followed the 1955 Isadore and Zachary Rosenfield–Rex Whitaker Allen approach of separate Palo Alto and Stanford hospitals linked by a core of shared facilities.

A PALATIAL GARDEN FOR HEALING

Stone's design inspirations for the project revolved around three themes: the notion of the hospital as "palace," the healing qualities of a "garden hospital," and the rustic sandstone of the university's Main Quad. These themes resulted in his massive complex arranged around a series

of courtyards. It resembled the European palace hospitals of the eighteenth century more than the high-rise towers of the second half of the twentieth century.

Stone's publicity for the project evoked images of the Taj Mahal, Versailles, Mayan palaces, and even a "maple sugar palace," rendered in modern materials and luxurious interior finishes. *Architectural Forum* announced it as "Medicine's New Taj Mahal: In Stanford's new Medical Center a notable hospital plan becomes a veritable palace for healing" (1959). Hill, in his letter to the magazine, describes it as "a little Versailles for the sick." The interior public spaces, designed by Maurice Sands, had touches of elegance: travertine walls, teak screens, and furniture by Knoll. These are long gone, save for a short section of travertine wall near the dining room.

Another key feature of the hospital-as-palace theme was a grand setting, like that of Stone's Kennedy Center on the Potomac River in Washington, or the Eisenhower Medical Center, in Palm Springs, with its splendid mountain backdrop. In its original setting, the Stanford complex was a monumental structure set in an open grassy plain and relieved by huge heritage oaks and eucalyptus trees. According to Hill, "the success of the scheme as monumental, static, is its serenity in this particular landscape." There is," he continued, "a beautiful range of mountains to the south, the ground is covered with gold grass, a...double lane of Giant Blue Gums rips across the horizon for a mile."¹⁴

Stone, moreover, intended to design the main medical center complex as a "garden hospital," in collaboration with Thomas Church (1902–1978)—a prolific writer, urban planner, and landscape architect best known for his residential projects in northern California. Church's style progressed from the "relaxed formality of style found in his early works from the 1930s, through the high modernism of the 1940s and early 1950s, and ultimately to the classical idiom he used in many later projects."¹⁵ Stone and Church had already

worked together at the El Panama Hotel in Panama City (1946) and the Stuart Pharmaceutical Company in Pasadena (1955).¹⁶

In the main medical center complex, Stone's notion was to provide access to gardens for patients, visitors, and staff. With Church, the author of *Gardens Are for People*, at his side, Stone envisioned an elaborate arrangement of courtyards as well as a grand entry to the complex. The courtyards included many of Church's signature elements: curved lawns, paved areas, rectangular parterres, and water features.¹⁷

Finally, Stone's design for the massive, textured, concrete screens was intended to echo the rustic sandstone blocks of the Main Quad. The patterned concrete grillework is a signature of the architect's work during this period. "I have come to believe," Stone remarked,

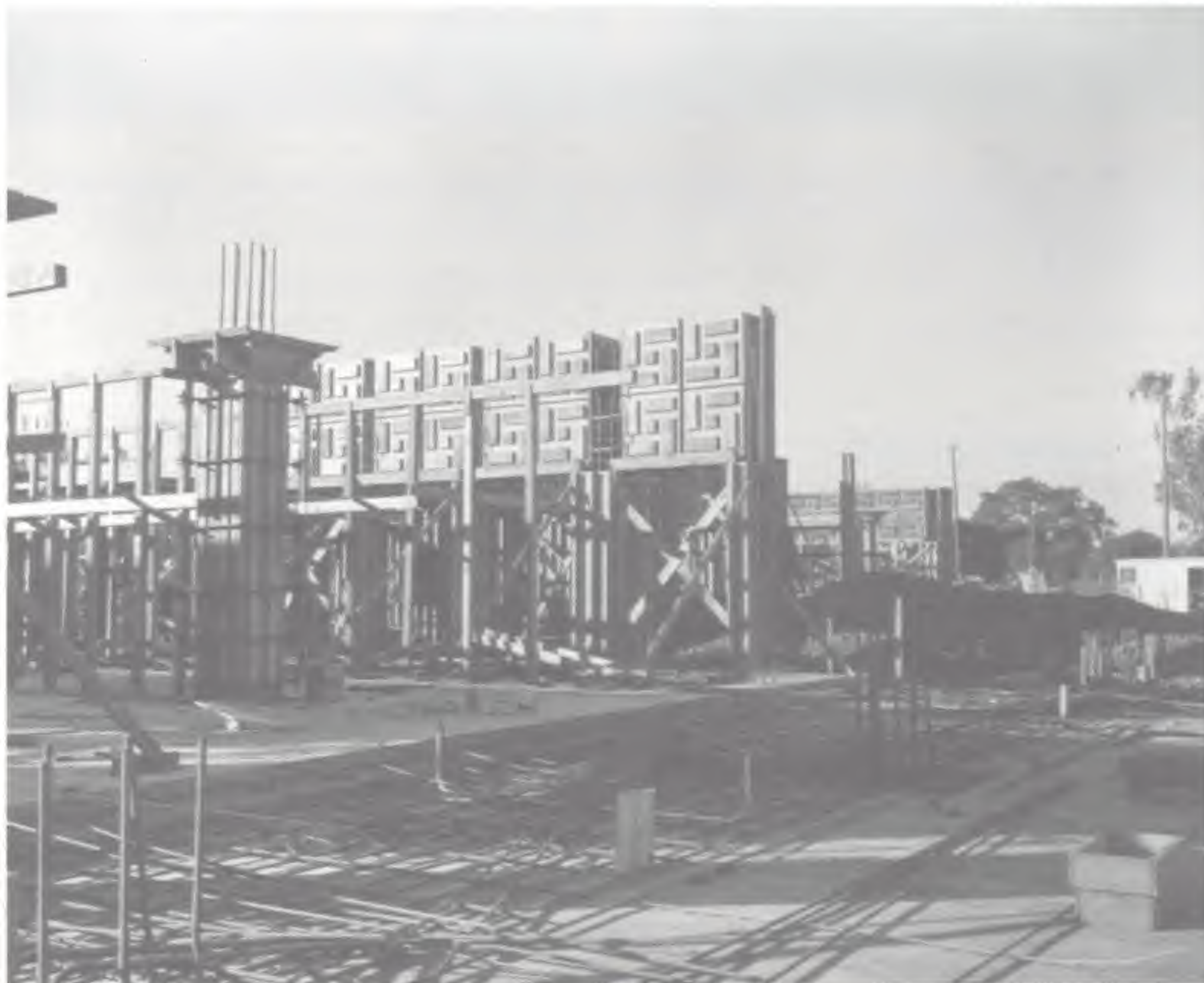
that the device of the grille is warranted in most parts of the U.S. I think it serves not only to satisfy a wistful yearning on the part of everyone for pattern, warmth

*and interest, but also serves the desperately utilitarian purpose of keeping the sun off glass and giving privacy.*¹⁸

Stone photographed the Main Quad during his early campus visits and clearly found the walls' texture and scale inspiring. His original plan for the concrete screen wall at the hospital project was to use integrally colored concrete with a stone-like surface texture. Three samples were cast, but Stone, worried about cost, eventually opted to cover the concrete surfaces with latex paint:

*Mr. Stone wanted a concrete surface that would have some of the qualities of light and shade, much the way the rusticated sandstone of the old quad responded to the strong backlighting, or is it underlighting, reflected from other surfaces in the bright sun. So it was decided to pattern the concrete for surface interest...It looked lovely, but in practice there would be complications in controlling the pours...finally a stucco paint with latex was selected. It has been sprayed on the building and looks wonderful despite many misgivings before hand.*¹⁹

LANE MEDICAL ARCHIVES



The \$22-million complex was built on a 56-acre site near the center of campus.



A key feature of the hospital-as-palace theme was a grand setting. At Stanford, according to Stone's Palo Alto office manager, there was "a beautiful range of mountains to the south, the ground is covered with gold grass, [and] a...double lane of Giant Blue Gums rips across the horizon for a mile."

ARCHITECTURAL MASTERPIECE?

Between 1936 and Stone's retirement, in 1974, his firm designed more than 600 projects, including a series of major civic buildings for Palo Alto—the Main Library and a branch library at Mitchell Park (1959) and the downtown City Hall (1970). As these buildings age, Palo Alto and other communities face the difficult task of evaluating the significance of Stone's work.

During his career, Stone's lush, romantic style was considered a refreshing change from the cold steel-and-glass modernism of many of his contemporaries. He was more popular with the public, however, than with his fellow architects and architectural critics. As *The New Yorker* noted,

*To the glass-and-metal men, the "machine-for-living" enthusiasts, and the faithful followers of the International Style, still influenced by Walter Gropius, he is merely a rather engaging contemporary romantic—a latter-day exponent of the Beaux-Arts tradition, which held sway at the beginning of the century.*²⁰

Recent scholarship continues to reflect the view of Stone's work as "fleetingly fashionable."²¹ A number of Stone's buildings have been dismissed by local historic preservation commissions, including his controversial art museum building at 2 Columbus Circle, in New York City. A proposal by the Museum of Art and Design to alter the façade sparked a heated debate. Critics, including the curator of architecture at the Museum of Modern Art,

described the long-vacant building as a failed design, a nearly windowless wall of white marble—a “mausoleum.”²²

No scholarly monograph has reviewed Stone’s work and career, but a recently completed dissertation, by Mary Anne Hunting to the Department of Art History at City University of New York, examines architectural criticism of Stone’s work.²³ Hunting describes Stone as belonging to a second tier of major architects of the 20th century.²⁴ Her central thesis is that Stone’s style is an example of “kitsch” (sentimental, naïve, and exaggerated aestheticism); “Stone made high art palatable to a large audience by incorporating elements of popular culture.”²⁵

Hunting makes few references to the Stanford Medical Center.²⁶ However, the use of ornamental grillework in the architect’s projects receives extensive discussion. She agrees with critics who found that, while the device was successful in Brussels and the first phase of the New Delhi embassy, Stone overused it, and at times it functioned poorly.²⁷ Hunting concludes that

*the Stone aesthetic...was at first recognized by critics as a provocative and intriguing alternative to modernism. However, as Stone began to repeat or refashion it as an established, permanent style for other projects, it not only lost its polemical edge ...but also its original creative inspiration expressive of time and place.*²⁸

The design problems at the Palo Alto–Stanford Hospital and Stanford Medical Center may have resulted, in part, from the project’s chaotic planning process. For Stone and Church, it was a large and complicated commission requiring the construction of two separate hospitals and a medical school. The two major clients—Stanford University and the city of Palo Alto—each had a number of interest groups: elected officials, planners, physicians, university trustees, medical school faculty, business leaders, donors, and local voters who had passed a \$4-million bond measure to support construction. Each client had multiple committees and commissions reviewing the project. In addition, the university had

a team of consultants who were directors of major university medical centers across the United States. From the beginning, the project required that the Palo Alto Hospital area be annexed into the city, while the Stanford Medical School and hospital would remain in unincorporated Santa Clara County. In 1959, the *Palo Alto Times* remarked that, after receiving the commission,

There must have been times in the next two years when Stone, one of the country’s best known architects, wished he had never heard of Stanford or Palo Alto. As soon as design was underway, a series of complicated feuds developed between

*Stanford and the city, Stanford and local doctors, “contract doctors” who supplied specialized service to the hospital and the city, and between individual Stanford doctors and individual Palo Alto doctors in the same specialties. All this ill feeling periodically erupted into the open, both at city council meetings and at staff meetings of Stanford men. Stone was caught in the middle because the hospital’s design depended in many ways upon the way in which the local and Stanford doctors were to share the joint hospital. These problems have all been resolved now but there is a residue of ill feeling that observers agree can only be healed by the passage of time.*²⁹

DESIGN PROBLEMS

The medical center complex is a large structure designed by a well-known architect and landscape architect. Superficially, the property exhibits motifs common to both firms: Stone’s screen walls and soaring columns and Church’s geometric landscape forms. At the more basic functional level, however, the design failed to satisfy its clients, fell short of its vision of a palatial garden for healing, and has not, over time, retained the initial grandeur of its setting.

The hospital-as-palace theme was out of step with the design evolution of medical facilities to modernist

The design problems at the Palo Alto–Stanford Hospital and Medical Center may have resulted, in part, from the project’s chaotic planning process



Stone and landscape architect Thomas Church envisioned an elaborate arrangement of courtyards in the medical center complex.

efficiency and function.³⁰ The palace theme was not a successful model for a university hospital in a small city, and the emphasis on luxury in a functional building was not universally popular.³¹ When the hospital opened in 1959, it was often referred to it as the “Stanford Hilton.” (Stone, in fact, designed many hotels for Hilton in his long career.)³²

Although Stone’s garden hospitals—including Palm Springs Hospital, Community Hospital of the Peninsula in Monterey, and Scripps Clinic in La Jolla—were considered successful, at Stanford his design fell short. Church’s courtyard designs did not meet his intent of providing gardens for healing, and the sunny vision of patients taking fresh air in the garden was never realized. Church is mainly remembered for his more intimate residential gardens, which redefined suburban California style in the 1950s.³³

Because of basic design errors, patients have not used these garden spaces. The width of doorways does not allow

hospital beds to pass from the Palo Alto pavilion into the patios, and the placement of the Stanford nursing wards on the second and third floors—far from the first-floor courtyard entry—have kept most patients from receiving any therapeutic benefit from these outdoor spaces. The narrow courtyards surrounded by three-story buildings function mainly as light wells; occupants complain that the courtyards are cold, dark, and claustrophobic.

By contrast, the Monterey hospital is a successful example of a garden hospital. Its interior fountain court—surrounded by the information desk, gift shop, and café—is crowded with patients and visitors because it functions “like a hotel lobby, furnishing a place to meet, receive information, find something to eat, relax or enjoy quiet entertainment.”³⁴ In contrast to the narrow courtyards of the Stanford Medical Center, the patient rooms in Monterey look out into the forest, and the interior gardens are wide and open to the sky.

Stone's signature ornamental grillework was a key element of the Stanford design, but his effort to bring sunshine into the buildings, filtered through the grillework, also failed. Stone himself admitted on occasion that the grillework device didn't succeed. His decision, for cost reasons, to substitute a latex paint finish for his preferred exposed marble aggregate concrete also resulted in a serious compromise to his intent. The surfaces require a permanent staff of painters to maintain, and the finishes have not aged well. The thick layers of paint do not pleasingly echo the rustic sandstone textures of the Main Quad. From a distance, the pattern of light and shadow is interesting, but most views are obstructed by trees and buildings. And the magnificent setting has been lost: the building no longer sits alone in fields of golden grass, looking out onto giant trees and mountains in the distance.

The complex's design intent was noble. It aimed to amplify the healing efforts of its world-class medical staff, setting their work in a world-class building that celebrated the dignity of the healing arts and offered

comfort and solace to patients, their families, and staff in a palatial garden paradise. Stone certainly realized great architecture in other projects, in Monterey and elsewhere. But at Stanford and Palo Alto, the reality fell short of his grand vision.

Laura Jones, MA '85, PhD '91, is director of Heritage Services and university archaeologist at Stanford. She works in Land, Buildings and Real Estate and teaches in the Archaeology Program.

ACKNOWLEDGMENTS

The author thanks Elena Angoloti from the University Architect and Campus Planning Office, the staffs of the Special Collections and University Archives at the University of Arkansas and Stanford University, and the Lane Medical Library at the Stanford University School of Medicine for their assistance.

LANE MEDICAL ARCHIVES



Stone's intention was to design a palatial "garden hospital" with water features and healing outdoor spaces.